

FORM I: FAMILY PLANNING PROGRAM CLINIC SITES

Legal Business Name: Women's Health Care Center, INC **Clinic Site # 1_ of 1__**

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide Family Planning Program services funded under this enrollment.

Clinic Name: Women's Health Care Center, INC	
Street Address: 2914 S Buckner	Suite: B
City: Dallas County: Texas Zip Code: 75227	HHSR: Dallas
Clinic APPOINTMENT Phone #: 214-275-5256	
Clinic PRIMARY Phone #: 214-275-5256 Fax: 214-275-5284	
Service Area (counties to be served by this clinic site): Dallas	
Contact Person: Sherry Tenison	
Pharmacy License #:	Class: Date of Pharmacy License Application Submission: 6-24-16
TPI#: 156721606	NPI #: 1265462865
Date of Medicaid Application Submission (if no TPI# or NPI#):	
Subcontractor Site: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Mobile Site: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY	9	1	2	5		
TUESDAY	9	1	2	5		
WEDNESDAY	9	1	2	5		
THURSDAY	9	1	2	5		
FRIDAY	9	1	2	5		
SATURDAY	9	12				
SUNDAY	Closed					